



Spirit Team Allstars
of
Round Rock

The coaches and cheerleaders of Round Rock High School are pleased to announce the exciting **Spirit Team Allstars of Round Rock** (STARR Cheer)! This team will be open to special needs students 8 to 15 years of age from Round Rock and surrounding communities. Selected RRHS cheerleaders will coach the STARR Cheer program, practices and performances.

★ **Summer Practices:**

Daily, two weeks in mid-August

1 hour in the afternoon, RRHS Gymnastics Gym

★ **Fall Practices:**

Monday Nights, from the first week of school to Christmas break

6:30-7:30 PM, RRHS Gymnastics Gym

★ **Performances:**

~ 2 RRHS Varsity Home Football Games (Friday, Dates TBD)

~ 4 RRHS Varsity Home Basketball Games (Tuesday/Friday, Dates TBD)

~ Exhibition(s) at local cheer competitions. (Saturday or Sunday - STARR Cheerleaders will perform a routine in a non-competitive, non-judged category.)

★ **Cost:**

\$50 fee which covers uniforms. We will provide the hairbow and a practice tshirt.

Each participant is required to provide black spankies (tights/bloomers), white tennis shoes and white no-show socks.

★ **Registration:**

Registration form and fee due by June 1.

Space is limited... sign up early!

For more information, visit: www.dragoncheer.org > STARR Cheer

Or, call Stephanie Evans (RRHS Head Cheer Coach and Sponsor): 512-529-6118

Manda Welch (STARR Cheer Head Coach and Program Director): 512-796-9267

Email: STARRCheerleading@gmail.com



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~ R E G I S T R A T I O N ~

Student's Name: _____ Date of Birth: _____
(Last) (First) (M.I.) (MM/DD/Year)

Age: _____ School Attending: _____ Grade: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Email(s): _____

Parent/Guardian Name(s): _____

Father Work Phone: _____ Father Cell Phone: _____

Mother Work Phone: _____ Mother Cell Phone: _____

Emergency Contact Person: _____ Relationship to Student: _____

Phone Number: _____ Alternate Number: _____

Physician: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

Description of Special Needs (Info only, no exclusions.): _____

Measurements for Uniform: (in inches)

Waist _____ Hips _____ Bust _____ Shirt Size: Youth S M L Adult S M L
(Circle One)

Medical Release

I hereby give permission for my child, _____, to participate in RRISD STARR Cheerleading. I fully understand that cheerleading activities involve motion, rotation, and height, in a unique environment, and as such, carry with them a reasonable assumption of risk. There are risks and dangers associated with participation in cheerleading including, but not limited to those of bodily injury, partial and/or total disability, paralysis, death, and property damage. I hereby release the coaches, its administrators, and RRISD employees from all claims from illnesses & injuries which may be sustained by my child and authorize the director/coach to select hospital facilities and/or the physician of his or her choice and authorize treatment of the above named participant on an emergency basis in the event such treatment becomes necessary while participating in RRISD STARR Cheerleading.

Parent/Guardian Signature: _____ Date: _____

Please send in registration form. If there are still available spots on the team, you will be notified and the \$50 team fee is then due separately. Checks made payable to RRHS STARR Cheer must include a driver's license and phone number. Mail registration and check to:

Stephanie Evans
2812 Barefoot Lane
Round Rock, TX 78665

Office Only: Date Rec'd _____ Fee Rec'd _____ Ins. Card _____ Measurements _____
